See Instructions and Price Statement on Reverse Side  TRAVEL EXPENSE CLAIM Traveler ID Unit Code  One of the code									BK Trip?						
STD. 262 (REV. 10/92)  Z 10  LSSN OR EMPLOYEE NUMBER*								Page		of	Pages				
	en Bak	1 13041 1		2008TE	C1757		· · · · · · · · · · · · · · · · · · ·				OP	R	T504.#		
Secretary of Volunteering and CB/ID NO EXEMPT						California Volunteers							PCA # 31101		
RESIDENCE ADDRESS.							1110 K Street Suite 210							TELEPHONE NUMBER 916-323-7646	
CITY STATE Sacramento CA				ZIP CODE		city Sac	CITY Sacramento			STATE CA			ZIP CODE 95814		
(1) MONTH/YEAR Sep 2009		' '	(4)	(5)	MEALS		(6)	(7)	TRA	NSPORTA	TION (D)		(8)	(9)	
(2)		LOCATION: WHERE EXPENSES WERE INCURRED		BREAK- FAST		O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS		TYPE	CARFARE, TOLLS		E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
9/14	0800	Sac to Washington DC	256.66		LUNCH	OR DINNER	TALO	1075.40	1	45.00		\$9.90		1361.1	
9/15		Washington DC	25688	5.50			\$6.00	1.		49.00		\$0.00		317.38	
9/16		Washington DC	250.88		10.00		\$6.00			\$9.00		\$0.00		281.00	
9/17	r . 	Washington DC	256.88	w.00		18.00	\$6.00			\$9.00		\$0.00		295.88	
9/18	1400	Washington DC to Sac		6.00	9.27		\$6.00			21.00	18	\$9.90		524.7	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
							EG		//			\$0.00		\$0.00	
						Commence of the second	-6[	7 1 %	109	And administration of the control of		\$0.00		\$0.00	
						Lite				Same		\$0.00		\$0.00	
		3				01	FICE OF P ADMINIS	LANNING & FRATIVE SE	RESI RVICI	ARCH S		\$0.00		\$0.00	
	 											\$0.00		\$0.00	
												\$0.00		\$0	
(10)	SUR	rotals	1021.5	17.50	19.27	18	\$24.00	1075.40	)	133.	! ∦36 ¦ ∦36	19.8		2334	
		DEUMN CODE (ACCTG. USE ON	ILY)									<u> </u>			
										CLAIM	TOTAL	. \$	2334	7.49	
		TRIP, REMARKS AND DETAILS (Attach re									/121	NORMAL MIC	JBK HUI IBG		
Voices for National Service Hill Day and Annual AmeriCorps Grantee Conference ——											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289				
											(14) MILEAGE RATE CLAIMED				
											AGENCY ACCOUNTING OFFICE USE ONLY				
												PAID BY REVOLVING FUND CHECK NUMBER			
THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. It											\$0.55				
		ry That the above is a true statement of the hicle was used, and if mileage rates exceed have met the requirements as prescribed by						ele safety and se	at belt	usage.			T-:		
(15) CV	MANT'S S	SIGNATURE /		DATE 9	8/00	7 (16/ 5/0	SNATURE OF	FOFFICER AP	ROVI	NG TRASTE	L AND P	AYMENT	DATE 21	1.09	
(17) SP	CIAL EXP	ENSE AUTHORIZATION - SIGNATURE and	TITLE (See I	tem 17 on rev	verse)			······································	7		7		DATE		